

Sleepy Owl Dentistry

ERIC VIETH, DDS

Board Certified Pediatric Dentist

 9919 Dorchester Rd. • Summerville, SC 29485

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Date ____ / ____ / ____

Patient name _____ DOB ____ / ____ / ____

Parent/Legal guardian name _____

Parent/Legal guardian phone (____) _____

Referred by _____

Referring Dr.'s phone (____) _____ - _____

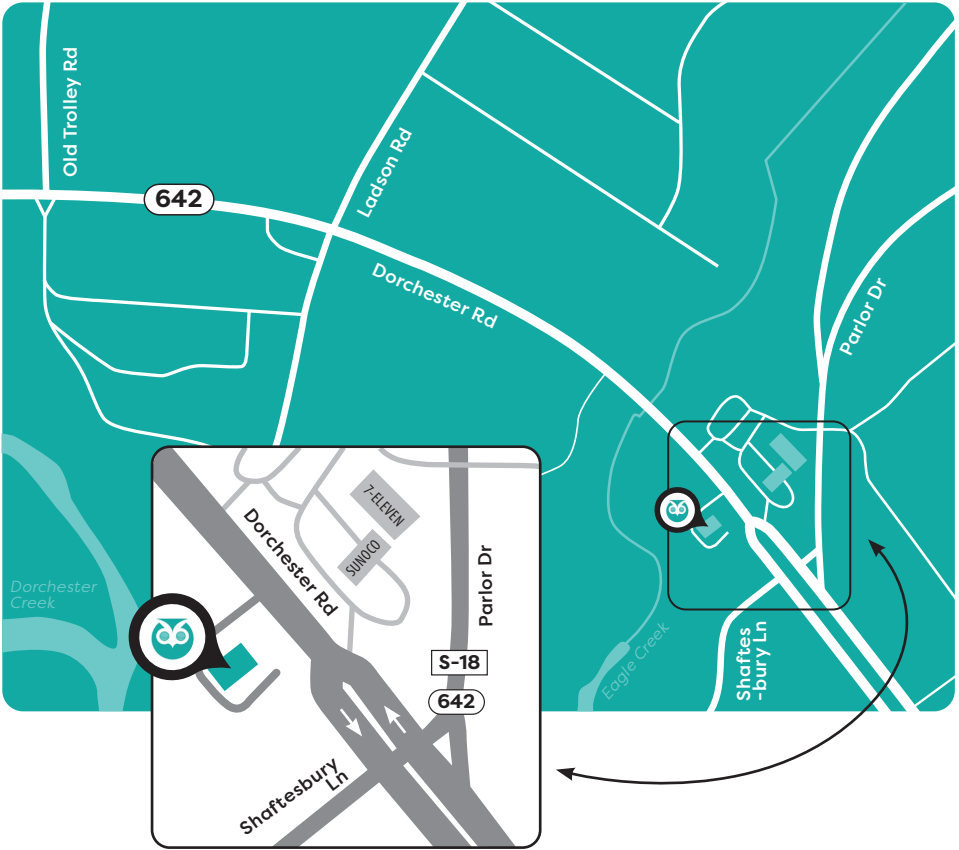
X-Rays Taken? Yes No

Reason for referral

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Dental anxiety | <input type="checkbox"/> Failed oral conscious sedation |
| <input type="checkbox"/> Extensive dental needs | <input type="checkbox"/> Strong gag reflex |
| <input type="checkbox"/> Medical history | <input type="checkbox"/> Other _____ |

Referred treatment plan _____

Comments _____



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————— **WE ARE HERE FOR YOU!** —————